

STATEWIDE EMERGENCY TELECOMMUNICATIONS BOARD
Fax: 781-944-4724
TTY/APU REFRESHER TRAINING CLASS - REQUEST FORM

Section I – PSAP Supervisor

Today's Date: _____

PSAP Supervisor or person requesting class: _____

(full name - include title)

Agency / Department: _____

full mailing address (include city/town, PO Box and Zip)

Tel. Number: _____ **FAX Number:** _____

(include area codes) work (other number you can be reached)

Chief of your department: _____

Class location requesting: ☐ READING ☐ WESTBORO ☐ AGAWAM ☐ WAREHAM

ADDRESS OF PSAP : _____

Class Date: _____ **Time:** ☐ morning session (8 am – 12 pm)

☐ afternoon session (1 pm – 5pm)

☐ Other _____

(to be confirmed by SETB Agency)

Section II – Student Information (please type or print clearly)

NOTE: student **must** be a certified 9-1-1 call taker.

Student Name	Social Security #	JOB TITLE
1.)		
2.)		
3.)		
4.)		
5.)		

☐ **(Important)** Check here if a student requires access or communication accommodations

PSAP Supervisor Signature: _____

MANDATORY FOR PROCESSING

SETB USE ONLY

revised 9/01

Class Dates: _____ **Class Time:** _____

Location: _____ ☐ **CONFIRMED by:** _____